

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N92000000111**

1. Entity Name

**WORD OF TRUTH MINISTRIES, INC.****FILED****Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90134 011 \*\*\*\*61.25

Principal Place of Business

**3538 SOUTH STREET  
FT. MYERS FL 33916  
US**

Mailing Address

**3538 SOUTH ST  
FORT MYERS FL 33916  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0379497**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PASTOR HARRY L. JAMES  
3549 SOUTH STREET  
FORT MYERS FL 33916**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME                | STREET ADDRESS         | CITY-ST-ZIP        | <input type="checkbox"/> Delete     |
|-------|---------------------|------------------------|--------------------|-------------------------------------|
| DP    | JAMES, HARRY L      | 3549 SOUTH ST          | FT. MYERS FL       | <input type="checkbox"/>            |
| DV    | JAMES, DOROTHY A    | 3549 SOUTH ST          | FT. MYERS FL       | <input type="checkbox"/>            |
| D     | ANTHONY, JAMES D.   | 4220 ARMEDA AVE        | FT. MYERS FL 33905 | <input checked="" type="checkbox"/> |
| TR    | MOORE, BERNICE      | 2666 MANGO ST          | FT. MYERS FL       | <input type="checkbox"/>            |
| ST    | LASHAUNDA, JAMES D. | 3909 BELMONT ST APT #3 | FT. MYERS FL 33916 | <input type="checkbox"/>            |
| TR    | MOORE, WILLIE JAMES | 3942 JEFFCOTT ST       | FT MYERS FL 34266  | <input checked="" type="checkbox"/> |

| TITLE | NAME             | STREET ADDRESS     | CITY-ST-ZIP           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition   |
|-------|------------------|--------------------|-----------------------|---------------------------------|-------------------------------------|
|       |                  |                    |                       | <input type="checkbox"/>        | <input type="checkbox"/>            |
|       |                  |                    |                       | <input type="checkbox"/>        | <input type="checkbox"/>            |
| D     | Tammy Rene James | 406 NE. 24th Place | Cape Coral, FL. 33916 | <input type="checkbox"/>        | <input checked="" type="checkbox"/> |
|       |                  |                    |                       | <input type="checkbox"/>        | <input type="checkbox"/>            |
| TR    | Willie Roy Hood  | 3520 Dora St.      | Fort Myers, FL. 33916 | <input type="checkbox"/>        | <input checked="" type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**ASHLEY A. JAMES, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/23/01  
Date(941) 337-5564  
(941) 332-5151  
Daytime Phone #

CR2E037 (10/00)